ACADEMY NOMINATION APPLICATION

Through U.S. Representative Rick Larsen 2nd Congressional District, Washington

please print

Full name:			
Parent(s) Names:			
Address:		· · · · · · · · · · · · · · · · · · ·	
Telephone No.:		Date of birth:	
Email address:			
Social Security No.:		Male	Female
High School:			
Year of Graduation:			
SAT/ACT scores:	Math	Verbal	
I am also seeking a n	omination through		
Academy Pre	ference (if applying to more	than one, please rank in o	rder of preference):
Air Force	Merchant Marine	Military	Navy
Which Academy app	lications have you comple	ted?	
Have you received a	letter of assurance from ar	ny of the Academies?	
	nited States, or will have atta cond Congressional District i	· · · · · · · · · · · · · · · · · · ·	_
necessary information	and records must be received	U	
for a nomination by Co	ngressman Rick Larsen.		
Signature:		Date:	

Please complete this application and remainder of the package and mail as soon as possible to:

U.S. Rep. Rick Larsen

2930 Wetmore Ave, Suite 9F

Everett, WA 98201